Supporting Directive: MILPERSMAN Article 1070-120

PECOPDS	Addressee -						Transmittal No:	
RECORDS		appropriate				enuer	<b>'</b>	
TRANSMITTAL		when the "R Requested"						
1. From: (Title and Activity			DON 10	0110011	ca.		2. Date:	
3. To: (Complete mailing address)								
Return Receipt Requested (When box is checked, sign below and return copy to sender.)								
<u> </u>								
4. Sender: (Name, title and telephone) 5. Sign					ature	ture of Sender:		
6. Records Transmitted:								
Name (Last, First, MI)	Rank/Rate	SSN		SR	HR	DR	Remarks	
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				$ _{\Box}$	$ _{\sqcap}$			
	+					] [		
	<del></del>			Ш				
				$\Box$				
		_						
Legend: Service Record (SR)	; Health Rec	cord (HR);	Dental	Reco	ord (	DR)		
Reply/Receipt								
7. Receiver: (Name, title, and Organization) 8. Remarks:					}			
9. Signature of Receiver and Date:								
10. Return Receipt To: (Comp	olete mailinç	g address)						
						Oi	RIGINATING ACTIVITY, LISTED IN	
							LOCK 1, WILL ENTER COMPLETE DDRESS TO WHICH RECEIPT SHOULD	
							E MAILED.	